IPDR6702 RUN DATE:	07/13/2008		TPRG	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	\vdash
NON DAIL.				CKWRITE DATE: 07/15/2008				
			1	PINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	H/DD/SAS			3112				
		21	23	DUPLICATE OF CLAIM-SYSTEM	0	60	199	139
		8956	5	CLAIM SHOULD NOT CONTAIN BOTH				
				NPI AND BILLING PROVIDER				
				NUMBER. BILLING PROVIDER NUMB				
3404904	WESTERN HIGHLAN	8326	212	ATTENDING PROVIDER NUMBER WAS				
	DS LME			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8534	90	SERVICE FACILITY LOCATION IS N	0	400	10651	10160
		-		OT A VALID IPRS	0	489	10651	10162
				ATTENDING PROVIDER, OR THE NPI				
		8800	0.5	RUDWIND DROGRATING WIGHEST WAR				
		8800	85	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.	1			
3404910	PATHWAYS	8326	511	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THE CERTIFICATION THE RELEGION OF THE PROPERTY.				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE	0	655	3102	2447
				DATE				
		8534	29	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
3404912		8599	57	DETAIL NOT COVERED BY COMBINAT				
3404912	MENTAL HEALTH P ARTNERS	6399	37	ION OF RECIPIENT, PROVIDER AND				
	AKTINEKS			BENEFIT PACKAGE.				
		79	21	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	85	1843	1758
				PROVIDER TYPE AND SPECIALTY IN				
		8326	3	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				INIS CLAIM OR THE NPI SUBMITTE				
3404913	MECKLENBURG COM	8800	792	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				1
		8599	176	DETAIL NOT COVERED BY COMBINAT	0	1298	2901	1603
				ION OF RECIPIENT, PROVIDER AND		1298	2901	1003
				BENEFIT PACKAGE.				
		8326	94	ATTENDING PROVIDER NUMBER WAS				
		5320	-3	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404916	CROSSROADS BEHA	8955	4	CLAIM SHOULD NOT CONTAIN BOTH NPI AND REFERRING				↓
	VIORAL HEAL			NPI AND REFERRING PROVIDER NUMBER. REFERRING PR				-
								
		0	0		0	4	33	29
3404917	GENERAL DO THE	8800	38	FURTHER PROCESSING NECESSARY,				-
	CENTERPOINT HUM AN SERVICES			PLEASE CHECK FOR CLAIM ON				
	IL SERVICES			FUTURE RA'S.				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	87	2633	2546
				BENEFIT PACKAGE.				+
		191	11	CLIENT ID NUMBER DOES NOT MATC				
		<u> </u>		H PATIENT NAME				
	1	1	1	l .	1	1	l	لــــــــــا

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PROVIDER		HIGH DENIAL	NUMBER OF		mara	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS		CLAIMS FINALIZED	PAID
3404919	GUILFORD CO MEN	79	616	THIS SERVICE IS NOT PAYABLE TO				
	TAL HEALTHC			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALIT IN				
		8599	200	DETAIL NOT COVERED BY COMBINAT	0	1184	9705	8521
				ION OF RECIPIENT, PROVIDER AND			7.44	
				BENEFIT PACKAGE.				
		8537	181	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404920	ALAMANCE CASWEL	8326	1526	ATTENDING PROVIDER NUMBER WAS				
	L AREA MH D			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8536	179	ATTENDING PROVIDER TYPE AND SP				
		0330	179	ECIALTY COMBINATION IS NOT	0	2213	18019	15806
				VALID FOR SUBMITTED BILLING PR				
		8534	154	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS	-			
				ATTENDING PROVIDER, OR THE NPI				
3404921		0	0	*** NO DATA TO REPORT ***				
	ORANGE PERSON C	-	-					
	HATHAM AREA							
		0	0		0	0	0	0
					-			
2404022		21	1.0	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	18	DOUBLE OF CHAIM-SISIEM				
	ER							
		0	0		0	18	73	55
					-			
3404923	FIVE COUNTY MH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
					0	·	0	0
3404925	SANDHILLS CENTE	8800	51	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
		8326	37	ATTENDING PROVIDER NUMBER WAS	20	250	7153	6903
				NOT SUBMITTED ON	20	230	7133	0303
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	36	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8534	206	SERVICE FACILITY LOCATION IS N				
	G MENTAL HL			OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
		0226	202	ADDRESS AND ADDRESS AND AND ADDRESS AND AD				
	1	8326		ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	2	1103	5841	4738
	1			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	197	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
					-			
3404927		0500	69	DETAIL NOT COUPED BY COMPINE				
J 107341	CUMBERLAND CO M	8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	HC			BENEFIT PACKAGE.				
		8326	43	ATTENDING PROVIDER NUMBER WAS	0	116	1137	1021
				NOT SUBMITTED ON	-			
				THIS CLAIM OR THE NPI SUBMITTE				
	<u> </u>	8651	2	ONLY FOUR UNITS ALLOWED PER MO				
		-		NTH				
3404930	JOHNSTON COUNTY	8518	1	"CLAIM DENIED. SUBMITTED BEYO				
	MNTL HLTHC			ND TIMELY FILING LIMIT				
	1			IN EFFECT FOR THIS FISCAL YEAR				
	<u> </u>	0	0		-	-	-	
					0	1	1	0
	1	1	l	I.		L	l .	1

l .		1	1		T		<u> </u>	
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931		8326	61	ATTENDING PROVIDER NUMBER WAS				
3404931	WAKE CO HUM SVC BILLING OF	0320	01	NOT SUBMITTED ON				
	BILLING OF			THIS CLAIM OR THE NPI SUBMITTE				
		79	24	THIS SERVICE IS NOT PAYABLE TO	2	112	365	253
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	9	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	8326	82	ATTENDING PROVIDER NUMBER WAS				
	R FOR MH/DD			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				INIS CLAIM OR THE NET SUBMITTE				
		8961	20	ATTENDING PROVIDER NPI IS MIS	0	130	3070	2940
				SING. ATTENDING PROVIDER IS		130	3070	2340
				TYPICAL. PLEASE RESUBMIT WITH				
		8599	11	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENNI II FACAME.				
3404934	ONSLOW CARTERET	8326	383	ATTENDING PROVIDER NUMBER WAS				
	BEHAV HEAL		 	NOT SUBMITTED ON				
	DIMIT IIIII			THIS CLAIM OR THE NPI SUBMITTE				
		8599	35	DETAIL NOT COVERED BY COMBINAT	0	487	1301	814
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0					
		-	-		0	0	0	0
3404937	THE BEACON CENT	8537	36	PROCEDURE IS NOT PAYABLE FOR Y				
	ER			OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		8326	32	ATTENDING PROVIDER NUMBER WAS				
		0320	32	NOT SUBMITTED ON	0	94	4084	3990
				THIS CLAIM OR THE NPI SUBMITTE				
		8000	8	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
								
3404939	<u> </u>	8326	131	ATTENDING PROVIDER NUMBER WAS				
	EAST CAROLINA B			NOT SUBMITTED ON				
	EHAVIORAL H		 	THIS CLAIM OR THE NPI SUBMITTE				
		8800	125	FURTHER PROCESSING NECESSARY,	0	424	4838	4414
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	44	DETAIL NOT COVERED BY COMBINAT				
			 	ION OF RECIPIENT, PROVIDER AND				
			 	BENEFIT PACKAGE.				
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H		1		-			
		0	0		-	-		-
		1	1		0	0	0	0
	1		1					
3404943	ALBEMARLE MENTA	3411	21	PROVIDER TYPE AND SPECIALTY 07				
	L HEALTH CE			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		9564	9	CEDUTOR DYORPHO THE STICKS DIE				
	1	8564	2	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN	1	53	1414	1361
			1					
				ELIGIBILITY PERIOD.				
				ELIGIBILITY PERIOD.				
		8326	6	ATTENDING PROVIDER NUMBER WAS				
		8326	6	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
		8326	6	ATTENDING PROVIDER NUMBER WAS				

Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8505	6570	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8326	226	ATTENDING PROVIDER NUMBER WAS		0 7044	8086	1042
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	174	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0			0 0		0 0
3404949		5404	3	SEVERE DUPLICATE: SAME ATTD PR				
	PIEDMONT BEHAVI			OV/PCODE/TOS/DOS/MOD				1
	ORAL HEALTH							
		0	0			0 3	433	3 430